## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 25, 2007 08:00 AM DOCUMENT # P04000043737 **Secretary of State** YODER BROS., INC. Principal Place of Business Mailing Address 2025 E. CR462 2025 E. CR462 WILDWOOD, FL 34785 WILDWOOD, FL 34785 CR2E034 (11/05) 07222007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2436830 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YODER, NATHAN J DO NOT WRITE 2025 E. CR462 WILDWOOD, FL 34785 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE U00000770390 YODER, MATTHEW L NAME 07/25/07-80001-006 550.00 9255 CR 1280 STREET ADDRESS CITY-ST-ZIP WILDWOOD, FL 34785 TITLE YODER, NATHAN J MARK STREET ADDRESS 2025 E. CR462 CITY-ST-ZIP WILDWOOD, FL 34785 MU YODER, JOSHUA 4775 SE 142ND PLACE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SUMMERFIELD, FL 34491 IN THIS SPACE TITLE YODER, JULIA STREET ADDRESS 2025 E CR 462 WILDWOOD, FL 34785 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGN	ATU	RE:
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CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

7/20/07

352-267-1575 Davime Phone #

FILED